MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		4				
6						
7						
8						
9		2				
10		2				
11	1					
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	23					
TOTAL CLAIMS	25					

CLAIMS		IND	DEP	IND	DEP	IND	DEP
51							
52							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							